



## 2021 Application Form

### Scholar (student) details

|  |                       |
|--|-----------------------|
| <b>Surname:</b>                                    | <b>First Name(s):</b> |
| <b>Grade:</b>                                      |                       |
| <b>Date of Birth:</b>                              | <b>ID number:</b>     |
| <b>Residential Address:</b>                        |                       |
|  |                       |
|  | <b>Postal Code:</b>   |
| <b>Nationality :</b>                               | <b>Gender :</b>       |
| <b>Previous School:</b>                            |                       |
| <b>School fees per month at previous school? :</b> |                       |

### Parent/Guardian (1) Details:

|                                 |                     |
|---------------------------------|---------------------|
| <b>Surname:</b>                 | <b>Name:</b>        |
| <b>Id no/ Pass no :</b>         | <b>Nationality:</b> |
| <b>Relationship to Scholar:</b> |                     |
| <b>Residential Address:</b>     |                     |
|                                 |                     |
|                                 | <b>Postal Code:</b> |
| <b>Contact Number (1):</b>      |                     |
| <b>Contact Number (2):</b>      |                     |
| <b>Profession :</b>             |                     |

### Parent/Guardian (2) Details:

|                                 |                      |
|---------------------------------|----------------------|
| <b>Surname:</b>                 | <b>Name:</b>         |
| <b>Id no/ Pass no :</b>         | <b>Nationality :</b> |
| <b>Relationship to Scholar:</b> |                      |
| <b>Residential Address:</b>     |                      |
|                                 | <b>Postal Code :</b> |
| <b>Email address :</b>          |                      |
| <b>Contact Number (1):</b>      |                      |
| <b>Contact Number (2) :</b>     |                      |





**4 . Person responsible for payments :**

|                                 |                  |
|---------------------------------|------------------|
| <b>Name :</b>                   | <b>Surname :</b> |
| <b>Id no / Pass no :</b>        |                  |
| <b>Name of account holder :</b> |                  |
| <b>Bank name :</b>              |                  |
| <b>Account number :</b>         |                  |
| <b>Branch :</b>                 |                  |
| <b>Account type :</b>           |                  |

**5 . Family Income:**

| <b>Name of Parent/Guardian (1):</b> | <b>Name of Employer (If applicable):</b> | <b>Gross Monthly Salary:</b> |
|-------------------------------------|--|------------------------------|
| <b>Name of Parent/Guardian (2):</b> | <b>Name of Employer (If applicable):</b> | <b>Gross Monthly Salary:</b> |
| <b>Other Source(s) of Income:</b>   |  |                              |
| (a) _____                           |  |                              |
| (b) _____                           |  |                              |
| (c) _____                           |  |                              |
| (d) _____                           |  |                              |
| (e) _____                           |  |                              |



**6 . Dependants of Person Paying Fees:**

| Full Name | Age | Identity Number<br>(Supply Certified<br>Copy of ID or Birth<br>Certificate) | Occupation | Relationship<br>to Scholar |
|-----------|-----|---|------------|----------------------------|
| 1.        |     |   |            |                            |
| 2.        |     |   |            |                            |
| 3.        |     |   |            |                            |
| 4.        |     |   |            |                            |
| 5.        |     |   |            |                            |
| 6.        |     |   |            |                            |
| 7.        |     |   |            |                            |

**7 . Estimated Monthly Household Expenses:**

| <u>Expense:</u>   | <u>Amount (R):</u> |
|---|--------------------|
| (a) Bond/Rent   |                    |
| (b) Food/Groceries  |                    |
| (c) Car (Including Insurance)   |                    |
| (d) Transport   |                    |
| (e) Medical Aid   |                    |
| (f) Entertainment   |                    |
| (g) Debit orders (please specify how many and how much is paid to each) |                    |
| • Number of debit orders: _____   |                    |
| • Name of debit order 1:  |                    |



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|                          |  |
|--------------------------|--|
| • Name of debit order 2: |  |
| • Name of debit order 3: |  |
| • Name of debit order 4: |  |
| • Name of debit order 5: |  |
| • Name of debit order 6: |  |
| • Name of debit order 7: |  |

**8 . Which of the following do you own?**

**Please tick on the appropriate box:**

- Television Set
- DSTV Subscription (Package \_\_\_\_\_)
- Refrigerator
- Motor Vehicle: Year and model \_\_\_\_\_, \_\_\_\_\_
- Computer/Laptop
- Tablet
- Smartphone

**9 . I have attached the following documents:**

- A copy of my 3 month bank statement for all bank accounts I have;
- A certified copy of ID and my dependants' IDs/Birth Certificate;
- Certified Affidavit if self-employed/unemployed; and
- Certified Proof of SASSA grant(s).



**0 0.Declaration:**

I, \_\_\_\_\_, HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT. BY HANDING IN THIS FORM I TAKE FULL RESPONSIBILITY FOR THE INFORMATION PROVIDED AND UNDERSTAND THAT FALSE INFORMATION PROVIDED IN THIS DECLARATION WILL DISQUALIFY AN APPLICANT FROM RECEIVING ANY FINANCIAL ASSISTANCE. IT MAY ALSO DISQUALIFY AN APPLICANT FROM ADMISSION TO THE SCHOOL.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



# 2020 APPLICATION FORM

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_